

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Nadel, Nancy

**1. Office, Agency, or Court**

Agency Name

City Council

Division, Board, Department, District, if applicable

Your Position

District 3

council member

► If filing for multiple positions, list below or on an attachment.

Agency: Community Action Agency

Position: Board member

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**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of Oakland
- Judge (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2010, through December 31, 2010.  
 -or-  
 The period covered is \_\_\_\_\_, through December 31, 2010.
- Assuming Office:** Date \_\_\_\_\_
- Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  
 None - No reportable interests on any schedule

**5. Verification**



Date Signed 03/15/2011  
 (month, day, year)

Signature

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Section 1 Additional Agency(ies)/Position(s) for Nadel, Nancy:

Agency

Position

ABAG

Executive Board member

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**SCHEDULE D**  
**Income – Gifts**

Name  
Nadel, Nancy

▶ NAME OF SOURCE  
National Recycling  
 ADDRESS (Business Address Acceptable)  
1312 Kirkham St  
Oakland CA 94607  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/24/10</u>	<u>\$ 100.00</u>	<u>Honey-Baked gift cards</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
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<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
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<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

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